<b>5</b> /						
Effective on 12/08/2004.  The Consolidated Appropriations Act, 2005 (H.R. 4818).		Complete if Known				
		Application Number	09/690,566			
FEE TRANSMITTAL For FY 2006		Filing Date	October 17, 2000			
FOR F1 20	JU6	First Named Inventor	Michael P. Lilly, et al.			
☐ Applicant claims small entity status. See 37 CFR 1.27		Examiner Name	Beth Van Doren			
	3. 000 07 OT N 1.27	Art Unit	3623			
TOTAL AMOUNT OF PAYMENT	(\$) 3410	Attorney Docket No	119645-00103 118			

				=							
METHOD OF PAYMENT (check all that apply)  Check Condit Card Money Order Display (please identify):											
Check L	Credit C		ney Order	None	Other	.,					
Deposit Account Deposit Account Number: 02-2555 Deposit Account Name: Blank Rome LLP											
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)											
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee											
Charge any additional fee(s) or underpayments of fee(s)  Credit any overpayments											
under 37 CFR 1.16 and 1.17											
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.											
FEE CALCULATION											
1. BASIC FILING, SEARCH, AND EXAMINATION FEES											
	FILIN	IG FEES	SEAF	RCH FEES	EXAMIN	ATION FEES					
Application Type	<u>Fee</u>	Small Entity		Small Entity		Small Entity					
	(\$) 300	Fee (\$)	Fee (\$) 500	<u>Fee (\$)</u> 250	<u>Fee (\$)</u> 200	<u>Fee (\$)</u> 100	Fee	es Paid (\$)			
Utility Design	200	150 100	100	50	130	65					
Plant	200	100	300	150	160	80					
Reissue	300	150	500	250	600	300					
Provisional	200	100	0	0	0	0					
2. EXCESS CLAIM	1 FEES							Small Entity			
Fee Description							Fee (\$)	Fee (\$)			
Each claim over 20 (including Reissues) 50							50	25			
Each independent cla	im over 3 (	including Reissue	s)				200	100			
Multiple dependent c	laims						360	180			
Total Claims		Extra Claims	<u>Fee (\$)</u> x 50	<u>Fee Paid</u> = 600		ultiple Depende e (\$) Fe	nt Claims ee Paid (\$)				
45 –33 c HP=highest number of total	or HP = al claims paid					6 (2) L	e raiu (\$)				
Indep. Claims		xtra Claims	<u>Fee (\$)</u>	Fee Paid	<u></u>		-				
	HP =		( <u>200</u>	= 1000							
HP=highest number of	•		ii greater thai	13							
3. APPLICATION SIZE FEE											
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).											
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)  -100 = /50= (round up to a whole number) x											
4. OTHER FEE(S)	,	, 30-		, (,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		· ^		Fees Paid (\$)			
• •	4. OTHER FEE(5)  Non-English Specification, \$130 fee (no small entity discount)										
Request for Continued Examination & Petition for Other: (e.g., late filing surcharge):  Extension of Time								1810			
SUBMITTED BY											
Registration No. (Attorney/Agent)  Telephone 215-569-5500							5-569-5500				
Name (Print/Type)		Bruce D. G	eorge	43,63			Date February 26, 2007				